

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	FILE NO.
---	---	-----------------

In the matter of _____, an individual with an alleged developmental disability

1. I, _____, am interested in this matter and make this petition as
Name (type or print)

State interest/relationship

☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

3. The above named individual, born _____, is a resident of _____,
Date County
 Michigan, and presently lives with/at _____ at
Name of person or center or facility

Address City State Zip

4. His/her presumptive heirs are as follows: (attach additional page if needed)

NAME	AGE	RELATIONSHIP	ADDRESS

5. A report and evaluation required by law ☐ accompanies ☐ does not accompany the petition.

6. The individual has a developmental disability described as a severe, chronic condition that meets all of the following: 1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments; 2) it was manifested before the individual was 22 years old; 3) it is likely to continue indefinitely; and 4) it results in substantial functional limitations in the following major life activities: (a minimum of three of the following options must apply and be checked)

☐ self-care ☐ receptive and expressive language ☐ learning ☐ mobility
☐ self-direction ☐ capacity for independent living ☐ economic self-sufficiency

and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

7. The specific nature and extent of the disability is: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

9. The estimated value of the individual's estate and income are:

Real estate: \$ _____ Personal property: \$ _____
Yearly income: \$ _____ Source of yearly income: _____

I REQUEST that:

10. If a report does not accompany this petition, the court order evaluations performed and a report prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

12. The court determine and appoint _____ of
Name

Address

or appoint some other suitable individual or entity:

☐ a. plenary (full) guardian of the ☐ individual ☐ estate
☐ b. partial guardian of the ☐ individual ☐ estate with the following powers: _____

☐ The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

☐ 13. The court authorize the guardian to execute an application for admission to _____
Name of facility
_____ located at _____
Address

☐ 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers because
State emergency situation

☐ 15. The court appoint _____ of _____
Name Address
_____ as standby guardian.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney or person assisting petitioner

Date

Name (type or print) Bar no.

Signature of petitioner

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.